

# **ORDER FORM TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH DATA FILES**

## **FOR SCIENTIFIC RESEARCH PURPOSES**

### **ORDERING INFORMATION**

**Confidential death data files are those files that include:**

**Mother's Maiden Name (MMN)**

**and/or**

**Social Security Number (SSN)**

Death data files for scientific research purposes may include MMN and SSN if approved by the Center for Health Statistics, Vital Statistics Advisory Committee (VSAC) and the Committee for the Protection of Human Subjects (CPHS).

To purchase copies of the confidential death data files for scientific research purposes, please follow these instructions:

- Please complete the attached order form.
- The director or principal investigator of the project must sign the agreement on the second page and obtain notarization of the signature, as indicated. If that same person will be signing applications for future requests, the signature does not need to be notarized on future applications.
- Please include a scientific research protocol, using the attached instructions, "Protocol Requirements for Scientific Research Involving Death Data Files" ("Protocol").
- Your application materials should be submitted to the Center for Health Statistics VSAC first for review. Upon VSAC approval your application materials, including the Protocol, will be forwarded to CPHS for their review. You may be contacted by a CPHS member or be required to attend a CPHS meeting as part of the CPHS review.
- An approval letter from both VSAC and CPHS is needed before confidential death files may be released.
- Please see Page 2 for payment and mailing instructions.

# **ORDER FORM TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH DATA FILES FOR SCIENTIFIC RESEARCH PURPOSES**

## **PAYMENT AND MAILING INSTRUCTIONS**

Please enclose your **check or money order** made payable to:  
California Department of Public Health.

**We cannot accept credit cards or send files via a purchase order.**

**Payment must be received before files are released.**

If an invoice is needed in order to process a check, please contact the Office of Health Information and Research below.

**Federal Taxpayer ID Number: 94-6001347**

- Please **do not** mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.
- Please send the application materials to the Office of Health Information and Research. Please **do not** submit these materials to CPHS directly.

Please mail or deliver the completed application materials and payment to:

California Department of Public Health  
Center for Health Statistics – Office of Health Information and Research

**Attn: Laurie Smith-Giles, Research Analyst II**

MS 5103, P.O. Box 997410  
Sacramento, CA 95899-7410

Phone: (916) 552-8095

Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**Fed-Ex Deliveries:** Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

For questions or further information, please contact the Office of Health Information and Research at the phone number above.

# ORDER FORM TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH FILES

Name:			Date:
Title:	Organization:		
Street Address:			City:
State:	Zip Code:	Phone:	Fax:
E-Mail Address:			

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
<b><u>Death Statistical Master File</u></b> (Identifiers: Certificate Numbers, Names, SSNs, and Mothers' Maiden Names.) <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers (OOS) – No OOS on 03-04	<b>SINGLE-YEAR FILES:</b> 1999-2005 <b>Year(s) Requested:</b> _____ <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$150 for each single-year file.  \$300 for each multi-year file.	\$
<b><u>Merged Death File</u></b> (Identifiers: Certificate Numbers, Names, and SSNs – No Mother's Maiden Names.) <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers (OOS) – No OOS on 03-04.	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-04 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$100 for single-year file.  \$200 for each five-year file.	\$
<b><u>Fetal Death Statistical Master File</u></b> (Identifiers: Certificate Numbers, Names, Mother's Maiden Names – No SSNs.) <input type="checkbox"/> With California Identifiers Only Fetal Death File Not Available With Out-of-State Identifiers (OOS)	<b>SINGLE-YEAR FILES:</b> 1999-2006 <b>Year(s) Requested:</b> _____ <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$ 50 for each single-year file.  \$200 for each multi-year file.	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>			\$

## Intended Use of Confidential Data File(s)

### PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:

Will the data be used to contact subjects:      ☐ YES      ☐ NO

Will identifiable data be released:      ☐ YES      ☐ NO

**PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE ADDRESS THESE SPECIFIC ISSUES IN THE ATTACHED PROTOCOL.**

**User Name(s): Please indicate names of all persons who will have access to requested file(s).**

_____	_____
_____	_____
_____	_____

**Vital Statistics Access Agreement (Signature Required)**

I, the undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including Social Security Number and/or Mother's Maiden Name, from the files. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a fine of \$1,000 and may result in denial of further access to data files (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's		
Signature:	_____	Date: _____
Printed		
Name:	_____	Title: _____

**Certificate of Acknowledgement**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

**Center for Health Statistics (CHS) Use Only**

CHS	Application is complete: _____
Authorization: _____	Date: _____

State Registrar, Chief, Center for Health Statistics, California Department of Public Health

California Health and Human Services Agency  
Committee for the Protection of Human Subjects  
and  
California Department of Public Health  
Center for Health Statistics – Office of Health Information and Research

## **Protocol Requirements for Scientific Research Projects Involving Death Data Files**

### Identifying Information:

- The project title should be prominently displayed at the top of the protocol.
- The principal investigator's name, title, address, telephone and fax numbers, and e-mail address should be provided at the beginning of the protocol.

### Main Body of Protocol:

The protocol must contain the following information and use the following headings:

#### 1. Summary of Nature and Goals of the Study

Please describe the basic research design of the project, including background information justifying the need for the research and the principle hypothesis(s) to be tested. Describe potential benefits to society of the study.

#### 2. Description of Data to be Utilized in the Study

Please list the relevant variables in the death data file and describe how they will be used in the research. If these variables will be linked with variables in other data files please describe the methodology and rationale for this linking.

#### 3. Description of Privacy Risks and Measures to be Taken to Minimize Risk

Please describe any privacy risks to the estates of deceased persons or to the confidentiality of living persons presented by use of death file data for research. Describe how data will be protected, including the use of password protected computers, locked filing cabinets, and other access control. Describe the qualifications of all persons who will have access to the data. Describe the disposition of the confidential data after the study is completed, such as encrypting of confidential fields and deleting or destroying the confidential data.

#### 4. Project Budget, Source of Funding and Duration of Project

Please provide a line item budget of all expenses of the project and the primary sources of funding. If the project duration will exceed one year, please specify a separate budget for subsequent years. If a project is not being funded separately from other operations, and is instead funded through an ongoing budget, or the researchers intend to pay the costs themselves, please describe. If exact amounts are not available, please estimate.

### 5. Signature of Principal Investigator and Responsible Official

The protocol must be signed by the principal investigator and a responsible official of the institution or organization under the auspices of which the activity is being conducted. The responsible official must be an administrative superior to the principal investigator. The principal investigator's signature and that of the responsible official shall follow a statement:

*"We certify that all information in this protocol is true and agree to comply with and be bound by all decisions of the California Health and Human Services Agency Committee for the Protection of Human Subjects."*

Signature: \_\_\_\_\_  
Principal Investigator

Signature: \_\_\_\_\_  
Responsible Official

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Curriculum Vitae of Principal Investigator:

All protocols must be accompanied by a current curriculum vitae of the principal investigator and all co-principal investigators.

For further information regarding the CPHS Protocol instructions, please contact:

California Health and Human Services Agency  
Office of Statewide Health Planning and Development  
Committee for the Protection of Human Subjects  
Joan Mock, CPHS Administrator  
1600 9<sup>th</sup> Street, Room 432  
Sacramento, CA 95814  
Phone: 916-653-0176  
Fax: 916-651-6222  
[Jmock@oshpd.state.ca.us](mailto:Jmock@oshpd.state.ca.us)

CPHS Website: <http://www.oshpd.ca.gov/cphs/>